

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | |
|---|--|---|---|---|---|--|
| MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply) | 1. DATE OF INCIDENT 10-FEB-2017 | TIME 17:54:00 | 2. ADDRESS OF OCCURRENCE 3958 N WESTERN AVE CHICAGO, IL 60618 | 3. LOCATION CODE 304 | 4. BEAT/OCURRED 1921 | 5. VIDEO RECORDED INCIDENT 01 BWC 02 IN-CAR CAMERA 03 OTHER REPT VIDEO |
| | 6. POSITION 9161 STORCE | 7. LAST NAME STORCE | 8. FIRST NAME ANGELA D | 9. STAR NO. 9761 | 10. SEX M | 11. RACE CODE WHI |
| | 15. DATE OF APPT 27-NOV-2006 | 16. EMPLOYEE NO. [REDACTED] | 17. UNIT & BEAT OF ASSIGNMENT 019 1922 | 18. DUTY STATUS X 01 On | 19. MEMBER INJURED? 02 Off | 20. MEMBER IN UNIFORM? 01 Yes |
| | 21. LAST NAME DOE | 22. FIRST NAME JANE | 23. M.I. | 24. SEX M | 25. RACE WHI | 26. D.O.B. |
| | 27. ADDRESS CHICAGO, IL | 28. TELEPHONE NO. | 31. WAS SUBJECT ARMED? OTHER (SPECIFY) X 01 Yes | 32. SUBJECT INJURED BY MEMBER? X 01 Yes | 33. SUBJECT ALLEGED INJURY BY MEMBER? 02 No | |
| | 34. IF SUBJECT INJURED, DESCRIBE INJURY X 01 Fatal 02 Non-Fatal - Major Injury 03 Non-Fatal - Minor Injury 04 Non-Apparent/None | 35. WHERE WAS MEDICAL TREATMENT OBTAINED? ILLINOIS MASONIC MEDICAL CENTER | | | | |
| | 36. BY WHOM? DR KINGSLEY | 37. CONDITION X 01 Apparently Normal 02 Under Influence 03 Hospitalized 04 Not Hospitalized C5 Refused Medical Aid | | | | |
| | 38. CHARGES PLACED | DNA | 39. CB NO. | IR NO | DNA | |
| | 40. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER _____ | ACTIVE RESISTER FLED PULLED AWAY OTHER ASSAULTED WITH KNIFE | ASSAILANT: ASSAULT IMMINENT THREAT OF BATTERY OTHER PERCEIVED AS _____ | ASSAILANT: BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____ | ASSAILANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____ PERCEIVED AS _____ | |
| | MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION LRAD WITH AUTHORIZATION OTHER _____ | OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) 01 02 03 TASER (Contact Stun) 01 02 03 TASER (ARC Cycle) 01 02 03 TASER (Spark Displayed) 01 02 03 OTHER _____ | ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) IMPACT MUNITION (Describe in Box 40) OTHER _____ | KNEE STRIKE KICKS OTHER _____ | FIREARM OTHER _____ | |
| 41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | RANK | STAR NO. | UNIT NO. | 42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? 01 Yes X 02 No | | |
| 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? 01 Yes X 02 No | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY X 01 Yes 02 No | | | 45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? X 01 No 02 Yes - Subject 03 Yes - Member | | |
| 46. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN 04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER | 47. INCIDENT OCCURRED Indoors X Outdoors | 48. LIGHTING CONDITIONS 01 Daylight 02 Night 03 Dawn 04 Dusk 05 Poor Artificial 06 Good Artificial | 49. WEATHER CONDITIONS CLEAR | | | |
| 50. MAKE/MANUFACTURER SIGS. L G/SWISS INDUSTRIAL GESELLSCHAFT SZ- | 51. MODEL P239 | 52. BARREL LENGTH 3.60 | 53. CALIBER/GAUGE 9 MM | | | |
| 54. TASER DART ID NO SBU002291 | 55. WEAPON SERIAL NO. (Include Letters) R002746S | 56. CHICAGO GUN REG. NO. 56020029 | 57. IL FIREARM OWNER ID. NO. | 58. HANDGUN CERTIFICATE NO. | | |
| 59. SPECIAL WEAPON CERTIFICATE NO. | 60. PROPERTY INVENTORY NO. | 61. TYPE OF AMMUNITION USED Department Issued | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | 63. TOTAL NO. OF SHOTS MEMBER FIRED 1 | | |
| 64. WHO FIRED FIRST SHOT 01 MEMBER 02 OFFENDER | 65. WAS FIREARM RELOADED DURING INCIDENT 01 YES X 02 NO | 66. NO OF CARTRIDGES/SHOT SHELLS RELOADED | 67. HOW WAS MEMBER'S HANDGUN WORN X 01 RT SIDE (WAIST) 02 LT SIDE (WAIST) | 68. OTHER (Specify) | | |
| 68. HOW WAS MEMBER'S HANDGUN DRAWN X 01 STRONG SIDE DRAW 02 CROSS DRAW | 69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | | 70. DID MEMBER USE SIGHTS 01 YES X 02 NO | | |
| 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 5 FT. X 02 5 - 10 FT. 03 10 - 15 FT. 04 OVER 15 FT. | | | | | |
| 73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON X 01 SUBJECT 03 ANIMAL 05 SUBJECT & OTHER CATEGORY 07 NONE X 02 OTHER PERSON 04 OBJECT 06 UNKNOWN 08 ANY OTHER COMBINATION | 74. POSITION OF MEMBER DISCHARGING WEAPON X 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING X 05 OTHER (SPECIFY) | | | | | |

| | | |
|------------------|--|---|
| CASE INFORMATION | 77 NOTIFICATIONS (ALL INCIDENTS): NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> OEMC |
| | 78 ADDITIONAL INFORMATION OFFENDER ASSAULTED OFFICER WITH KNIFE. | |
| SIGNATURES | <p>74 REPORTING MEMBER (Print Name) STORCE, ANGELA D 10-FEB-2017 23:47:48</p> <p>STAR/EMPLOYEE NO. 9761 SIGNATURE [REDACTED]</p> <p>Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.</p> <p>80 REVIEWING SUPERVISOR (Print Name) PEREZ, ANGEL L STAR NO 1503 SIGNATURE [REDACTED]</p> <p>DATE REVIEWED 10-FEB-2017 TIME 23:56:16</p> | |

1704111450

75 EVENTING

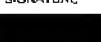
JA149063

NO RND F

LOG# 1084029Attachment 24

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT. 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (D) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

| | | | |
|---|--|---|--|
| 11. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE <input type="checkbox"/> Deceased <input type="checkbox"/> DNA <input type="checkbox"/> REFUSED <input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason) | | | |
| 12. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS U#17-005 As of this report no further action by the undersigned is required. Based on the facts available at this time, it is the preliminary finding that Officer Storze acted in compliance with dept policy | | | |
| 13. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY <input checked="" type="checkbox"/> I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05. | | 14. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION <input checked="" type="checkbox"/> INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED. <input type="checkbox"/> LOG NO. <u>1084029</u> OBTAINED | |
| 15. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name) <u>PENA, MARIA C</u> | | 16. TRR _____ OF _____ TRR(S) | |
| 17. DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION: 1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE. 2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO: A. INDEPENDENT POLICE REVIEW AUTHORITY, AND B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION. | | | |
| SIGNATURE  | | DATE COMPLETED TIME <u>11-FEB-2017 00:11:39</u> | |

LOG# 1084029

A 11 Attachment